

invisa-RED[®] INTAKE FORM

PERSONAL INFORMATION

Full Name :

Date Of Birth : _____ / _____ / _____ Gender : Male Female

Address : _____

Phone Number : _____ E-Mail : _____

Status : Single Married Divorce Others

Are you the primary decision maker/ purchaser in your household?

YES NO

TELL US ABOUT YOURSELF

Please Answer the Following Questions

Weight 1 year ago _____ Weight 5 years ago _____

How much did you weigh when you were most comfortable with yourself? _____

What has had the biggest impact on your current weight condition? _____

Over your lifetime how many diets / exercise programs have you tried? _____

Do you smoke? Yes No If yes how many packs per week _____

Drink Alcohol? Yes No If yes how many drinks per week _____

How often do you eat out? _____ times per week

Please list potential obstacles: None Time Budget Commitment Spouse / Partner

Other (Please Explain) _____

How long have you been thinking about achieving your goals?

1 mo. 3 mo. 6 mo. 1 year or more

On a scale from 1 to 10, how serious are you about accomplishing your goals?

Not Serious 1 2 3 4 5 6 7 8 9 10 **Most Serious**

How will accomplishing these goals change your life?

MEDICAL HISTORY

- YES NO Have you ever been diagnosed with cancer?
- YES NO Have you or do you currently have any heart conditions?
- YES NO Do you have medically implanted electrostimulation devices such as a pacemaker?
- YES NO Are you currently pregnant or nursing?
- YES NO Do you have any photosensitive skin conditions?
- YES NO Are you insulin dependant (diabetes)?

List Any Diagnosed Medical Conditions

List of Medications Currently on.

PRECAUTIONS

- Adequate hydration should be maintained during treatment program. Drink 8-10 glasses of water per day in order to flush impurities from your body. Drink enough water to keep your urine clear.
- Do not apply any gels, lotions or essential oil on body areas that will be treated.
- Minor burns or blisters may result from light energy applied to the skin
- Light laser therapy may result in sluggish or flu like symptoms due to release of stored toxins by the body.

Purpose For Baseline Test

1. Perform baseline test to determine your body's response and absorption of laser light energy
2. Demonstrate effectiveness of our technology. Treatment protocols are individualized and specific. Your program will be determined after the baseline test to assure maximum results.

Medical exclusions for usage of invis-a-RED laser: Pregnancy, cancer, medically implanted devices, epilepsy, severe hypertension, cardiovascular disease, renal disease, immune diseases, and blood disorders/diseases. By signing below, I disclose that the above contraindications do not apply to my current health status. I acknowledge that I'm over the age of 18. I realize that I am not receiving a diagnosis, treatment or prognosis for any medical or other condition that I may be experiencing. I acknowledge that I am receiving a demonstration only and agree to hold harmless the facility, owners, employees and any subsidiaries from any damage resulting from this demonstration. I understand and accept that visual documentation (photo and/or video) is necessary for evaluation, program monitoring and marketing. I hereby release and hold harmless this clinic and invis-a-RED® Technology from any reasonable expectation of privacy or confidentiality associated with the images and/or videos specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type.

Signature: _____ Date _____